LG1007 Profit Carryover Adjustment Request

Or	ganization requesting the adjustment:		License num	License number:		
Street:		C	l City:	State/Zip:	State/Zip:	
P	ROFIT CARRYOVER ADJUSTMENT RE	EQUEST (attach ad	ditional sh	eets if necessary)		
1.	Specific amount for which the adjustment is requested: \$					
2.	Origin of the current profit carryover variance and the circumstances for which an adjustment may be allowed:					
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	Attach any supporting documentation nece	ssary to provide a com	nplete descrip	tion of the request.		
	IGNATURE Inature:		Date:			
Pri	nt name:	Title:		Daytime Phone:		

Mail request and any attachments to:

Minnesota Gambling Control Board Suite 300 South 1711 West County Road B Roseville, MN 55113

Questions? Call the Gambling Control Board at 651-539-1900.

This form will be made available in alternative format (i.e. large print, braille) upon request.

Date privacy notice: The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.